Report of the Senate Committee on Students and Educational Policy (SCSEP)

General Committee Charge

The Senate Committee on Students and Educational Policy (SCSEP) oversees and advises the Senate Executive Committee on matters relating to the University's policies and procedures on the admission and instruction of students, including academic integrity, admissions policies and administration, evaluation of teaching, examinations and grading, academic experiences, educational opportunities (such as study abroad), student records, disciplinary systems and the campus environment. In general, the Committee deals with the matters covered in section IV of the University's *Handbook for Faculty and Academic Administrators*.

2015-2016 Specific Charges

1. Assist the Office of the Provost with the implementation of the Mental Health and Wellness Ambassador Pilot Program.

2. Continue to review the University's response to the recommendations of the Task Force on Student Psychological Health and Welfare (*Almanac* February 17, 2015).

3. Review University programs that advise undergraduate students and that encourage the faculty mentorship of undergraduate students.

4. Examine University support for initiating and maintaining dual degree programs at Penn.

5. Review the establishment and maintenance of online degree programs at Penn.

Report and Recommendations

Mental Health and Wellness Ambassador Pilot Program

Last academic year, the Senate Executive Committee (SEC) recommended that a student-focused Mental Health and Wellness Ambassador Program be piloted. This program was to provide special training for a core group of faculty members in schools and departments so that they could serve as a resource for their colleagues as questions about student mental health (best practices, campus resources, how to handle crises) arose in their academic units.

As of the writing of this report, names of faculty members to be included in the program's pilot have now been solicited, but no definitive announcement of the program's dates, planned training or content have been issued. We hope that members of SCSEP and the SEC, both of which include members with substantial experience in dealing with mental health issues and those who initially conceived of the program, will be consulted as the training is developed, so that they can contribute their expertise.

We recommend that next year's SCSEP continue to assist with and review the implementation and expansion of the Mental Health and Wellness Ambassador program.

University's Response to the Task Force on Student Psychological Health and Welfare

The majority of SCSEP's efforts this academic year have gone toward reviewing the Task Force on Student Psychological Health and Welfare's recommendations, especially in light of the continuing tragic student deaths by suicide. While there have been some genuine points of progress, the Committee has found that a number of important recommendations remain unimplemented, and that a number of related evidence-based recommendations generated by this Committee and other groups on campus have failed to gain traction. This is a summary of our findings and recommendations.

Penn's most significant positive achievement is the reduction of non-urgent CAPS (Counseling and Psychological Services) appointment waiting time. Although it is unclear to us what the average waiting time actually is—we have heard estimates ranging from no waiting time at all (from one senior administrator) to several weeks (from students)—it is clear that there has been substantial reduction from the pre-Task Force norm. The most common statistic is that there is now a 3-5 day waiting time for non-urgent appointments at CAPS. We commend VPUL and CAPS on this improvement. However, we urge CAPS to continue moving along this trajectory of improvement. The literature suggests, and our experience as educators confirms, that students rarely seek mental health services at the earliest stages of distress and that easy access to services at an early date is extremely important in preventing more significant problems at later dates.

We also applaud CAPS for expanding the "I CARE" training (including the new "essentials" version). In the coming year, we believe that this training should be expanded to accommodate all interested faculty and staff.

One of the simplest recommendations of the Task Force was that a short document be prepared and distributed to all faculty, which outlines mental health warning signs and gives specific advice about what to do or who to call when a student is suspected to be, or demonstrates that he or she is, in distress. Such a document was not distributed to the faculty until the end of spring semester 2016. Moreover, there is no clear faculty landing point on the CAPS webpage that provides this information. We strongly urge CAPS and VPUL to distribute a document with basic information about mental health to all instructors every semester (this is especially important because graduate students and lecturers change each semester). This information should be distributed both in hard-copy and electronic formats. We recommend that the CAPS website be revised immediately so that there is a clear landing point for instructors and that the information given is clear and consistent.

We have learned that CAPS is working on a virtual tour of its facilities. While we think that showing students CAPS facilities is an important part of helping them feel comfortable with using CAPS services, we suspect that this will not be an effective approach. Ideally, students should walk through the doors of CAPS and have the opportunity to meet a CAPS counselor in person. Thus we recommend that a visit to CAPS and Student Health Service (SHS), including meeting a counselor, should be part of the New Student Orientation (NSO) campus tour.

Alternatively, substantial attempts could be made for all new students to meet a CAPS counselor in another location, either in their College House, during NSO, in the classroom or by direct invitation to drop in for a visit. Short of this, a digital presentation of CAPS might better be framed as an upbeat and humorous source of information, something like HUP's recent video about infection control or Southwest Airlines' safety videos, rather than a virtual tour of facilities.

Given that there are many faculty members at Penn who are not only extremely knowledgeable about mental health, but also about effective presentation of health information, we strongly recommend consultation with these individuals. SCSEP would be happy to facilitate that communication.

The Task Force recommended the creation of a 24-hour hotline, which has been implemented as (215) 898-HELP (4357). This line is answered by police dispatchers, whom, we are told, have been specially trained for mental health emergencies. We recommend that the 2016-2017 SCSEP review the training these dispatchers receive, as we have heard reports that many calls to this number end up with Penn Police at students' doors and hence students are reluctant to call this number.

Another theme of the Task Force recommendations is that easy access to mental health services requires multiple entry paths. Based on our inquiry of best practices at peer institutions, and discussions with experts on the faculty, we strongly recommend that a text messaging-based access point be created. This might take the form of SMS access to (215) 898-HELP, but other options should be explored as well.

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We know that students use text messaging as a primary means of communication; therefore, a text-based crisis intervention service should be considered seriously by CAPS and VPUL. For example, Crisis Text Line (CTL) is used by other universities as an entry point into crisis intervention. A free service, CTL staff trains counselors to answer text messages from students in crisis. In partnership with host universities, this service provides campus-specific text numbers and a cadre of trained counselors. Additionally, research on user data (that is fully anonymized) could help uncover additional needs at the University.

We applaud the Office of Admissions for tagging information related to mental health and passing it along to the relevant parties when students are admitted. We encourage VPUL and CAPS to work with the Office of Admissions to enhance this program. We recognize that some students may be hesitant to disclose mental health condition prior to admission. We therefore recommend that each student accepted to the University be provided with an option to opt-in to some kind of CAPS related support program upon admission. We also recommend that next year's SCSEP review the readmission and support processes for students who have been on medical leave.

SHS now gives every student a brief depression screen during every visit. We believe that this is a step in the right direction towards taking a wellness approach to mental health. We strongly urge CAPS and SHS to use a comprehensive instrument that has been validated for young adult mental health in their screening efforts. Moreover, we recommend that the feasibility of requiring mental health screenings of this type for all students be studied. Mental health screening should be considered in parity with other preventative measures such as vaccinations, which are required to be up-to-date before students can register for classes each semester. Faculty experts should be consulted on both matters, and SCSEP would be pleased to help facilitate this consultation.

Finally, it has become clear to this Committee that seriously addressing the campus' mental health crises will require community-wide cultural change, including a change of social norms and language. From the faculty perspective, this will no doubt involve subtle and not-so-subtle changes in the way faculty talk to students, both one-on-one and in class. Such community changes are difficult but not impossible. When we have raised these issues with CAPS and VPUL, we have been told Penn's partnership with the Jed Foundation is in part intended to address them. While this is no doubt valuable, we once again point out that Penn faculty includes some of the world's top experts in the allied fields of behavioral health care—including but not limited to psychiatry, psychology, educational counseling, nursing, social work and medical ethics—who can spearhead these efforts.

In some areas of student life, there is an environment of toxic competitiveness and stress that places students who may already be at-risk for mental health conditions at higher risk. It is critical that the entire Penn community begin to address this issue, develop strategies for students to recognize and strive toward healthy levels of achievement. This does not mean lowering Penn's standards of excellence, but, rather, developing realistic and healthy models for achievement and wellness.

Cross-disciplinary Education and Dual Degree Programs

SCSEP believes that cross-disciplinary education is essential and increasingly important. At Penn, cross-disciplinary education will often involve cross-school instruction, which is extremely difficult to accomplish. During the course of the academic year, we have spoken to a number of faculty members and several members of the administration about the challenges of initiating and maintaining interdisciplinary, cross-school teaching and degree programs. While there are plenty of cases of success-ful programs and cross-school initiatives, all of these seem to require substantial negotiation at the administrative level in an ad hoc fashion.

Although there have been successes, we have also repeatedly been told that the Responsibility Center Management (RCM) model, different tenure/promotion standards across the schools and different ways that faculty teaching effort is counted are working against the goal of interdisciplinary instruction. A good example in recent years was the Cross Currents program. This program generated a number of very interesting courses which, from the accounts we have heard, were successful and well-received, but many of these were only taught once because there was not administrative support for their continuation.

SCSEP strongly recommends that the Provost's Office conduct a study of the ways that RCM and accounting of teaching effort impact cross-disciplinary instruction and degree programs. We believe that there could be many potential changes to these systems that would be beneficial for all. Colleagues in departments such as Wharton's OIDD (operations, information and decisions department) and Management could be profitably consulted with about the ways RCM could be made to accommodate such changes.

Outstanding Issues

SCSEP did not review online degree programs this year, pending the findings from the Senate Committee on Faculty and the Academic Mission (SCOF). We recommend that SCSEP consider online degree programs next year in consultation with SCOF.

SCSEP did not review University programs that advise undergraduate students and that encourage the faculty mentorship of undergraduate students. We recommend that next year's committee pursue this issue.

Recommendations to 2016-2017 SCSEP

1. Continue to assist with and review the implementation and expansion of the Ambassador program.

2. Continue to review the implementation of Mental Health Task Force recommendations, facilitating contact between faculty experts, VPUL and CAPS.

3. Provide feedback to CAPS as it develops material and a website update for instructors.

4. Review the training that police dispatchers receive to staff the (215) 898-HELP hotline.

5. Invite experts to discuss productive ways of changing social norms and language in the classroom.

6. Study the feasibility of creating a standing mental health oversight board.

7. Work with the Provost's office to study ways that RCM can be reformed to allow for more regular cross-school instruction.

8. Review online degree programs in consultation with SCOF.

SCSEP Membership 2015-2016

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